PRINTED: 04/27/2016

FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: ___ B. WING 03/16/2016 IL6008684 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 135 SOUTH MORGAN STREET RUSHVILLE NURSING & REHAB CTR RUSHVILLE, IL 62681 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 000 S 000 Initial Comments Second Probationary Licensure Survey S9999 S9999 Final Observations STATEMENT OF LICENSURE VIOLATIONS Section 300.3240 Abuse and Neglect b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the facility administrator. (Section 3-610 of the Act) This requirement is not met as evidenced by: Based on record review and interview, the facility failed to immediately report an allegation of abuse for one of three abuse allegations reviewed. This failure affects one resident (R105). Findings include: The facility's Abuse Prevention Program policy (dated 12/2013) documents the following: "Employees are required to report any incident, allegation or suspicion of potential abuse, neglect, mistreatment or misappropriation of resident property they observe, hear about or suspect to the administrator immediately, or to an immediate supervisor who must then immediately Attachment A report it to the administrator..." Statement of Licensure Violations R105's initial Abuse Allegation report (dated 1/24/16 at 5:04 PM) documents the following: "(R105) states staff member yelled at (R105). Abuse investigation has begun. Staff member (E3. Licensed Practical Nurse) suspended pending investigation."

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

PRINTED: 04/27/2016 FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A RUILDING: 03/16/2016 B. WING IL6008684 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 135 SOUTH MORGAN STREET **RUSHVILLE NURSING & REHAB CTR** RUSHVILLE, IL 62681 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 1 S9999 R105's Abuse Investigation documents the following statement by E4 (Certified Nursing Aide): "1/24/16: About 5:30 this morning, (R105) went to the (Certified Nursing Assistant) station and asked for help with (R105)'s lights; (R105) said there was a switch by the desk. I (E4) told (R105) that I(E4) would have to ask someone where it was because I (E4) didn't know what (R105) meant. E3 (Licensed Practical Nurse) turned around and told (R105) there 'wasn't any f***king switch' and the day shift girls were lying to (R105) about it. (R105) tried to explain what (R105) meant and (E3) started yelling at (R105)..." R105's Abuse Investigation (dated 1/24/16) documents the following statement by E1 (Administrator): "(E6, Former Director of Nursing) texted me (E1) on Sunday, 1/24/16 at 3:55 PM stating R105 told E5 (Licensed Practical Nurse) this morning that (E3) talked awful to (R105) last night about the power being out in (R105)'s room... 'I (E5) showed the night Certified Nursing Assistant (E4) so (E4) knows next time. (E4) even said (E3) was shouting and (E4) was scared to say anything because (E4) has to work with

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(E3)..."

On 3/15/16 at 11:40 AM, E1 (Administrator) verified that R105's incident occurred at 5:30 AM on 1/24/16. E1 also verified that neither E4 (Certified Nursing Assistant) nor E5 (Licensed Practical Nurse) immediately reported R105's incident to E1 upon becoming aware of the situation and that R105's allegation should have

immediately been reported to E1.

If continuation sheet 2 of 3 1WJB11

(B)

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(X3) DATE SURVEY

Illinois Department of Public Health

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

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(X2) MULTIPLE CONSTRUCTION

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